


Guide to EB Work Search Reporting on the Internet

(If current program = EB, user will be directed here prior to accessing weekly claim form.)

**Department of Labor**
State of Vermont

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Are you currently working part time for an employer that is expected to become full time?

Required

Format: Yes/No Buttons

Meaning: Required fields are indicated by the * next to the form field.

For further assistance please contact the Claimant Assistance Line toll-free at 1-877-214-3332 for help from Monday through Thursday from 8:00a.m. to 4:00p.m. and Friday from 9:00a.m. to 4:00p.m., except holidays.


Our records indicate you are currently receiving State Extended Benefits, otherwise known as EB. While this is a state program, there are mandated Federal requirements. One of those mandates includes the necessity to provide proof of a systematic and sustained effort to find suitable work, which efforts will be periodically validated.


Warning: Failure to document work search or failure to accept suitable work will result in a disqualification until you have worked in at least four calendar weeks and have earned wages not less than six times your weekly benefit amount.

Once you have provided the required information, you will be automatically moved to the application for filing your weekly claims over the internet.

Are you currently working part time for an employer that is expected to become full time?

Do you belong to a Labor Union?

☒ Yes ☐ No * 


☐ Yes ☐ No * 

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Number of contacts fields will change depending on answer to previous two questions.



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Date of contact
Required

Format: Date
[mm/dd/yyyy]

Meaning: Enter the
date you applied for the
position.

Required fields are
indicated by the *
next to the form field.

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please contact the
Claimant Assistance
Line toll-free at 1-877-
214-3332 for help from
Monday through
Thursday from 8:00a.m.
to 4:00p.m. and Friday
from 9:00a.m. to
4:00p.m., except
holidays.

Enter your work search contacts for the week ending **Current week**

Date of contact

Type of work

Employer Name

Employer Address

Person Contacted

Phone Number

Method of Contact
(in person, resume, telephone, e-mail, etc.)

Results of Contact

Date of contact

Type of work

Employer Name

Employer Address

Person Contacted

Phone Number

Method of Contact
(in person, resume, telephone, e-mail, etc.)

Results of Contact

Date of contact

Type of work

Employer Name

Employer Address

Person Contacted

Phone Number

Method of Contact
(in person, resume, telephone, e-mail, etc.)

Results of Contact

☐ I CERTIFY THE INFORMATON ABOVE IS ACCURATE

Submit

After user clicks "submit", he/she will automatically be routed to weekly claim form.